

Surname of Employee		Use Block Letters	Given Name(s)
Group Policy No.		Employee's Certificate No.	

I, the employee named above, hereby request to change my name

Date _____ Signature of Insured _____

Please do NOT use this section if it is your wish to appoint a new beneficiary. A special section is provided for this on the reverse side of this form. Use this section only to record a Change of Name of your present beneficiary.

the employee named above, hereby request to change the name of my present beneficiary

Date

Signature of Insured

THIS IS TO CERTIFY that the above change of beneficiary has been noted and placed on file with the Group Policyholder.

Date _____ Checked by _____